**CARE AND TREATMENT REVIEWS**

**PSYCHOTROPIC MEDICATION REVIEW**

**In line with the STOMP-LD Guidance 2016 the care and treatment review panel will be completing a checklist of psychotropic medication prescribed for the patient. Please use the algorithm in appendix 1 to support you with this medication review**

***Please complete the following information in preparation for the care and treatment review for;***

**Name Date of CTR** 

| **Current psychotropic medication** | **Rationale for prescription** | **Reduction plan (short term and long term)** |
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**Please use the following box to advise on how the patient has been involved in the above treatment plan including assessment of capacity and best interest as relevant.**

